DEPOSIT AGREEMENT

DEPOSITOR

ZACARIAS MOUSSAOUI

ADDRESS

1950 GODDARD AVE



Account Number	Number of	Opening	Opening Deposit	CIF#	Office/Officer
.2181933	Signatures Rqd.	Date 02/26/01	\$32,000.00		0600 / TLN
SNATURES - In consideration	of Bank's agreement to	open this account, and	other value received by each of	the undersigned, the undersigned Do	epositor (whether one or more
rees to the terms stated on Schedule of Fees and Charg parate account agreement. In beipted document shall govern	this form (including thes TIN instructions the event of any conflic and control. Depositor	ne reverse) and ackno The Funds Availability tor inconsistency between also authorizes Bank to	wledges receipt of this Deposition Disclosure $\boxed{\mathbf{X}}$ Electronic Furthern the terms of any separately	sit Agreement and (if checked) nds Transfer Disclosure Bank ru receipted document and this Agreer history should it deem necessary. Ti	Truth-In-Savings Disclosu lles and regulations A ment, the term of the separate the terms and conditions of
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OPENED BY	TELE	PHONE NO.		EMPLOYMENT INFORMA	TION
RVV	(405)	329-1008	1) -		
	DEPOSIT SOURCE		(405)	329-1008	
Cash CASH					
	ACCOUNT TYPE				
CHECKING - Free	- Truncated	(315)			
	OWNERSHIP				8
Individual			MAIL	ING ADDRESS (IF DIFFERENT	THAN ABOVE)
PERSONAL	STATED PURPOSE				
SPECIAL INSTRUCTIONS:	Si .				
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e Arriga			* 1. 9 m		it rither
ombined Statemer	it - YES	NO Primary	Account #		In the
TAXPAYER I.D. NUMBER -	My correct taxpayer idea	ntification number (TIN) i	have not been not all interest or divide	ITHOLDING - I am not subject to bac tiffied that I am subject to withholding dends, or the Internal Revenue Serv backup withholding.	as a result of a failure to rep
APPLIED FOR TAXPAYER of been issued to me, and I make the application number to the application of the appli	ailed or delivered an ap propriate Internal Reve	plication to receive a ta nue Service Center or	er has xpayer X NONRESIE Social individual, I am ne	DENT ALIENS - I am not a United ither a citizen nor a resident of the United	States person, or if I amited States.
Security Administration Office (cuture). I understand that if I do eayor within 60 days, the payo	or I intend to mail or del o not provide a taxpayor is required to withhol	iver an application in the er identification number d 31 percent of all rep	to the SIGNATURE: By	signing below I certify under pena	· ·
ayments thereafter made to me	until I provide a number.		X		

Service Regulations.

BACKUP WITHHOLDING CERTIFICATIONS